

JEFFERSON COUNTY  
TAX CLAIM BUREAU  
200 MAIN STREET  
COURT HOUSE  
BROOKVILLE, PA 15825  
PHONE: 814-849-1646

May 12, 2020

In Re:

Bankruptcy Case No. 20-20905-CMB: Chapter 13

DAVID W STEBBINS, Debtor

[REDACTED]

**NOTICE OF WITHDRAWAL OF PROOF OF CLAIM FILED BY JEFFERSON COUNTY TAX CLAIM BUREAU**

The Jefferson County Tax Claim Bureau requests your honorable bankruptcy court to withdrawal the Proof of Claim entered on May 5<sup>th</sup>, 2020 at 3:03 pm, filed by the Jefferson County Tax Claim Bureau. Court Claim #7. The Jefferson County Tax Claim Bureau made an error in filing the proof of claim form twice. Please accept my sincere apology for this error.

RESPECTFULLY SUBMITTED,

*Susan L. Seigworth*

Susan L. Seigworth  
Director of Jefferson County  
Tax Claim Bureau

Cc:

File

Attorney Kenneth Steidl , Attorney for Debtor  
Bankruptcy trustee Rhonda J. Winnecour  
Jenna Jacobs, Claims Administrator  
David W. Stebbins, Debtor

**RECEIVED**

MAY 19 2020

CLERK, U.S. BANKRUPTCY COURT  
WEST DIST OF PENNSYLANIA

Withdrawn SLS  
**COPY**

**RECEIVED**

2020 MAY -5 A 3:03

CLERK  
U.S. BANKRUPTCY COURT  
PITTSBURGH

Fill in this information to identify the case:

Debtor 1 DAVID W STEBBINS

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 20-20905-CMB

Official Form 410

**Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	
<u>JEFFERSON COUNTY TAX CLAIM BUREAU</u> Name of the current creditor (the person or entity to be paid for this claim)	
Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>
	<b>Where should payments to the creditor be sent? (if different)</b>
<u>JEFFERSON COUNTY TAX CLAIM BUREAU</u> Name <u>200 MAIN STREET COURTHOUSE</u> Number Street <u>BROOKVILLE</u> <u>PA</u> <u>15825</u> City State ZIP Code Contact phone <u>814-849-1646</u> Contact email <u>sseigworth@jeffersoncountypa.com</u>	Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): <u>01-161-0109</u>	
<b>4. Does this claim amend one already filed?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	